Adventist Health

Laboratory Services
10123 SE Market, Portland, OR 97216
503 251-6126 Fax 503 261-6058

DATE OF SERVICE / /

PRIMARY CARE PHYSICIAN (FULL NAME)

PATIENT SOCIAL SECURITY NO. (REQUIRED) ☐☐☐ ☐☐ ☐☐☐☐

PATIENT'S LAST NAME | FIRST | MI

SEX | DATE OF BIRTH (REQUIRED) | PHONE NO.

GUARANTOR / SUBSCRIBER NAME (IF OTHER THAN PATIENT)

ADDRESS (MAILING) | NEW ADDRESS ☐

CITY | STATE | ZIP

ADDITIONAL REPORT TO:

PRIMARY INSURANCE | SECONDARY INSURANCE

ID | ID

GROUP | GROUP

SUBSCRIBER | SUBSCRIBER

You must provide one or more appropriate diagnoses to substantiate all tests. When ordering tests for which Medicare reimbursements will be sought the ordering physician should only order tests that are medically necessary for the diagnosis or treatment of a patient rather than for screening purposes.

Ordering Physician - Sign, By doing so you will be attesting to the necessity of the tests you are ordering.

☐ **STAT** ☐ PHONE REPORT ☐ FAX REPORT

PHONE NUMBER | FAX NUMBER

URINE ☐ RANDOM ☐ 24 HR ____ml

☐ NON FASTING ☐ FASTING HOURS ____

LAST DOSE TAKEN DATE / TIME

COLLECTED BY DATE / TIME

PANELS	DX-ICD
❑ BMP	
❑ CMP	
❑ HFP	
❑ LipidP-fasting	
❑ LYTES	
❑ PRENATAL PANEL-OB	
❑ RFP	

BLOOD BANK-SEROLOGY	DX-ICD
❑ ABORH	
❑ Type & Screen	
❑ Type & Cross	
# of Units	
❑ Rhogam	

CHEMISTRY	DX-ICD
❑ ALB	
❑ ALP	
❑ ALT	
❑ Ammonia	
❑ Amylase	
❑ ANA	
❑ AST	
❑ BILI Direct	
❑ BILI Total	
❑ Bnpep	
❑ Bun	
❑ CA	
❑ CEA	
❑ CHOL	
❑ CK	
❑ CREA	
❑ CRP	

CHEMISTRY	DX-ICD
❑ CRP-HS	
❑ DEPAKOTE Level	
❑ DIGOXIN	
❑ FERRITIN	
❑ FOLATE	
❑ FSH	
❑ GLU FASTING	
❑ GLU50gm-1Hr Draw	
❑ HCG QNT	
❑ HCG QUAL	
❑ HGA1C	
❑ HIV 1,2	
❑ HOMOCYSTEINE	
❑ IRON	
❑ IRON + trans%Sat-IBC	
❑ LH	
❑ Lipase	
❑ MG	
❑ NA	
❑ Procalcitonin	
❑ PSA-Annual Screening	
❑ PSA-Diagnostic	
❑ PSA-Free and Total	
❑ PTH Intact	
❑ TRIGLYCERIDES	
❑ T3 FREE	
❑ T4 FREE	
❑ TSH-3rd Gen	
❑ Uric Acid	
❑ Vit B12	
❑ Vit D25	

HEMATOLOGY AND COAG	DX-ICD
❑ CBC w Diff	
❑ CBC w/o DIFF	
❑ Hgb	
❑ HCT	
❑ PT- INR	
❑ PTT	
❑ Retic	
❑ WSR	

HEPATITIS SCREEN	DX-ICD
❑ Anti HBS	
❑ HBSAG	
❑ Hep A AB	
❑ Hep B Viral Qnt	
❑ Hep C AB	
❑ Hep C Geno	
❑ Hep C PCR RNA QNT	
❑ Hepatitis Panel	

MICROBIOLOGY	DX-ICD
❑ C Diff	
❑ C Stool	
source:	
❑ Culture & Sensitivity	
source:	
❑ H Pylori Breath Test	
❑ H Pylori Serology	
❑ Fit Test	

MICROBIOLOGY	DX-ICD
❑ O/P AG (Crypto)	
❑ O/P Comp	
❑ Stool Qual Fat	
❑ Lactoferrin	

URINALYSIS	DX-ICD
❑ Urlnalysis Complete	
❑ Urine, C&S if indicated	
❑ Urine, Culture	
❑ Urine Source	
❑ cath, ❑ clean catch	

OTHER TESTS or SPECIAL INSTRUCTIONS

❑ **SURGICAL PATHOLOGY / BIOPSY**

SPECIMEN SOURCE
1

2

DIAGNOSIS / CLINICAL INFORMATION / HISTORY

COMMENTS / SPECIAL REQUESTS

PAP TEST OPTIONS:
- ❑ PAP Only
- ❑ PAP w/ HPV (30 yrs and over*)
- ❑ PAP w/ Reflex HPV High Risk if ASCUS (21 to 29 years*)
- ❑ HPV Screen Only (No PAP)
- ❑ Pap c CT / GC

*See ASCCP Guidelines

GYN CYTOLOGY ❑ Surepath PAP ❑ Thinprep PAP
Source: ❑ Vaginal ❑ Cerv / Endo

- ❑ Screening, PAP
- ❑ Screening (ICD Code(s))
- ❑ HPV Screening (ICD Code(s))
- ❑ Diagnostic (ICD Code(s))

LMP / / ❑ Radiation ❑ Hormone
❑ Pregnant ❑ Hysterectomy ❑ Post Menopausal
❑ Post Partum ❑ CX Present ❑ IUD
❑ CX Absent ❑ ABN Bleeding

Prev. Abnormal PAP(s) Date: DX

LABORATORY